

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	T/A	8 JC 8144 712	03/16/01 63 09/01 06-12-01
<b>RESPONSE FORMALITY REVIEW</b>	HC		

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	Final Original 3/16/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	N
24	N
25	✓
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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